

# St. Bartholomew's Hospital



## JOURNAL.

VOL. XI.—No. 8.]

MAY, 1904.

[PRICE SIXPENCE.

### NOTICE.

*All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C.*

*The Annual Subscription to the Journal is 5s., including postage. Subscriptions should be sent to the MANAGER, W. E. SARGANT, M.R.C.S., at the Hospital.*

*All communications, financial or otherwise, relative to Advertisements ONLY, should be addressed to ADVERTISEMENT MANAGER, The Warden's House, St. Bartholomew's Hospital, E.C. Telephone : 4953, Holborn.*

*A Cover for binding (black cloth boards with lettering and King Henry VIII Gateway in gilt) can be obtained (price 1s. post free) from MESSRS. ADLARD AND SON, Bartholomew Close. MESSRS. ADLARD have arranged to do the binding, with cut and sprinkled edges, at a cost of 1s. 6d., or carriage paid 2s. 3d.—cover included.*

### St. Bartholomew's Hospital Journal.

MAY 1st, 1904.

"Æquam memento rebus in arduis  
Servare mentem."—Horace, Book ii, Ode iii.

### Rahere.

By NORMAN MOORE, M.D.,

Physician to St. Bartholomew's Hospital.



T. BARTHOLOMEW'S HOSPITAL, though it was rebuilt in the eighteenth century, still occupies its original site, and contains one object which was here seven hundred and sixty-seven years ago, in the time of Rahere, our founder. It is a legal docu-

ment which his eyes beheld, and which was sealed in his presence. This charter is written on vellum in the handwriting of the first half of the twelfth century. The autotype now published is of the exact size of the original. Two large seals of dark wax are attached to the document. On one is represented an edifice with three turrets, and on the other a tall figure with a slender rod in the right hand and something in the left hand, which is perhaps an alms-box. The building on the seal is probably the Priory of St. Bartholomew's as it looked in the first twenty years of its existence, for the surrounding inscription is sufficiently legible to show the words "*sigillum conventus ecclesie dei et sancti bartholomei de smethefeld.*" This seal of the convent of the Church of God and of St. Bartholomew of Smithfield is nearly circular. The other seal is oval, and its inscription is less distinct, but "*Bartholomei de Smethefeld*" may be read on the right of the figure, while on the left an "o" is discernible about the middle of the curve suggesting that the whole inscription is "*sigillum hospitalis sancti bartholomei de smethefeld.*"

The words of the charter are here printed in their lines the expanded contractions being indicated by italics. The grammatical errors which may be noticed do not take from the authenticity of the document.

Notum sit universis fidelibus quod ego RAHERus sancti bartholomei qui est in smethefeld prior.

totusque ecclesie nostre conventus ecclesiam : sancti sepulchri hagnoni clerico si regulam alterius professionis

non inierit usque ad finem dierum suorum in elemosina concessimus. Illud autem scitote quod

idem predictus hagno singulis annis ad usus canonicorum simul et pauperum in hospitali

tali degentium quinquaginta solidos nobis reddet. In festivitate Sancti Michaelis. xxv. solidos xxv.

in pascha. Anno incarnationis domini millesimo. c. xxxvii. Anno vero secundo imperii Stephani

regis in anglia. His existentibus testibus Haco decanus hugo. Sancti Martini canonicus. Gwalterus frater

Gwillelmi Archidiaconi. Tioldus canonicus. Radulfus

magister. *Gilebertus presbiter. Osbertus presbiter. Rodbertus de Sancta*

MARIA. *Algarus presbiter. Godefridus filius baldewini sacerdos. Rogerus niger. Alexander. Odo. Gaudfridus cunestable. Ricardus presbiter. Burdo clericus. Gaudfridus de heli.*

Be it known to all Christians that I, Rahere, Prior of St. Bartholomew's which is in Smithfield, and the whole assembly of our church have granted as a benefice the Church of St. Sepulchre to Hagno the Clerk, provided that to the end of his days he shall not enter the rule of another order. Moreover know ye that the aforesaid Hagno shall every year render to the canons and to the poor abiding in the hospital fifty shillings—at Michaelmas twenty-five shillings, twenty-five at Easter. In the year of the Lord's incarnation eleven hundred and thirty-seven, the second year moreover of the rule of King Stephen in England. These present were the witnesses:—Haco the Dean; Hugh, Canon of St. Martin's; Walter, brother of William the Archdeacon; Tiold the Canon; Ralph the Master; Gilbert the Priest; Osbert the Priest; Robert of St. Mary's; Algar the Priest; Godfrey the Priest, son of Baldwin; Roger the Swarthy; Alexander, Odo, Geoffrey Constable; Richard the Priest; Burdo the Clerk; Geoffrey of Heli.

Rahere, according to a list of the Masters of the Hospital drawn up in the reign of Henry VI, was succeeded as Master by Hagno in 1137, the year of this charter. The assertion that Hagno was Rahere's successor is confirmed by the presence of this charter in St. Bartholomew's. A copy of it, as the earliest document in the possession of the Hospital, was made by John Cok, the Redituarius of St. Bartholomew's in the reign of Henry VI, and there is no reason to doubt that it has actually been in the Hospital since the second year of the reign of King Stephen. Cok's fidelity as a scribe is shown by the fact that he has reproduced the errors of the original. To maintain the precision of history it is right to mention that the charter may once have passed outside the hospital walls for a short time, though not out of the possession of the governing body. The possible occasion is recorded in a manuscript minute-book of the Hospital.

"Curia tenta Lune, 3<sup>o</sup> die Septembris, 1666. In presence of the Rt. Worshipful Sir Richard Chinerton, Knight, Richard Mills, Treasurer, William Fidges, Adoniah Fox, Edward Aris, Esquires.

Whereas this day, upon the sad disaster of the terrible and unmerciful fire all over this city, it was taken into consideration how Mr. Thesaurer's cash and the writings concerning the affairs of this hosple should be preserved and disposed of. It was thereupon resolved and ordered that the said cash should remain in Mr. Thesaurer's compting-house where it now is, and that only such writings and bookes might be removed and put upp in a trunk that were most useful, and that the same should bee sent to

Squire Ridge's house att Hornesey to bee so kept there for most safety untill the tymes shal bee convenient to returne them back."

The name of Rahere, and Smithfield in which he dwelt, are as well known to us as they were to the Londoners of the year 1137. St. Bartholomew's is here and will, we trust, flourish in Smithfield to the end of time. St. Sepulchre's Church occupies in our day the local relation to Smithfield which it did in the twelfth century. It was given to the Priory by Roger, Chancellor to King Henry I and Bishop of Salisbury, a prelate who took a great part in public affairs throughout the reign of Henry I and in the first years of Stephen.

St. Martin's is our neighbour still, and is called St. Martin's-le-Grand, in contrast to St. Martin the Little within Ludgate. It was a college of canons, with a dean for president. Aldersgate does not continue to the corner of Cheapside, as you may see by looking at the street names, and the reason is that the enclosure of the dean and canons of St. Martin intervened. The foundation was earlier than the Norman Conquest, and obtained a charter from the Conqueror, and exercised its privileges "*Ac Deo et S. Martino die noctuque secundum regulam suam digne et laudabiliter serviant*," till King Henry VII granted its possessions to the Abbey of Westminster towards the endowment of his famous chapel there. The modern label "St. Martin's-le-Grand," just beyond the end of Aldersgate Street, is the only relic of the ancient seclusion of St. Martin's. The ground of the dean and canons is now occupied by the General Post Office.

The witnesses next deserve consideration. The first of them, Haco, is designated "dean," and there are reasons for believing that he was Dean of St. Martin's, of which Hugh, the next witness, is described as a canon. Haco was clearly a resident in London, for his name appears in a deed now at St. Paul's Cathedral of the same period as our charter. It is a convention between the Canons of St. Paul's and Orgar, the deacon, about a Church of St. Martin (probably that known later as St. Martin Orgar) and the Church of St. Botolph, and provides that after the decease of certain relatives of Orgar these are to be in the possession of the Canons of St. Paul's, "*Hujus conventionis hii sunt testes Haco decanus Radulphus presbiter. Alexander clericus.*"

The Dean of St. Paul's, about the year 1127, was William, as shown by a grant of indulgence made by Richard, Bishop of London, and now at St. Paul's; and Radulfus de Diceto, the historian, who was himself dean in 1180, records the death of this William under the year 1138. A register of St. Martin's, written in the reign of Henry VI, is at Westminster Abbey, and the late Dean Bradley was so kind as to allow me to examine it a few years ago. The register is in a soft leather cover with overhanging edges, and professes to contain copies of all the charters, bulls, briefs, royal letters, and other documents belonging to St. Martin's. The notary

shows the caution of a true historian in describing precisely what he could see and not trying to guess at what was indistinct on the great seal of William the Conqueror affixed to the charter of St. Martin's. He describes its circular form and red wax, and that on one side it bears the figure of the King sitting on a throne holding in his right hand a sword, and in his left "quoddam rotundum cum cruce infixam;" and on the other side the King on horseback with his lance and pennon in his right hand, the reins in his left hand, and his shield on that arm, but adds "Circumferencias autem literas ejusdem sigilli non transcripsi ego notarius subscriptus," because, owing to the antiquity of the said seal, they were indistinct. This laudable caution seems to have prevented him from giving a list of the deans, and only an imperfect series can be constructed from the charters in the register. Roger, Bishop of Salisbury, is mentioned as dean in a charter of Stephen not earlier than 1135, and in another undated charter of the same king Roger had ceased to be dean. He died in 1139. In 1158 Henry, Bishop of Winchester, King Stephen's brother, is mentioned as also Dean of St. Martin's, and he seems to have continued to hold the office till his death in 1171. Thus the dean of the period of Rahere's charter is not known by any other evidence than this charter, and that before mentioned referring to Orgar, the deacon, and both suggest that Haco was Dean of St. Martin's after Roger, Bishop of Salisbury, and before Henry, Bishop of Winchester, and in the year 1137.

Two Canons of St. Martin's are witnesses; Hugh, who is so designated, and Tiold the fourth in order. That Tiold was one of the nine Canons of St. Martin's is shown by a confirmation of prebends drawn up on the feast of St. Callixtus (October 14th) in 1158, and copied into the St. Martin's register, which states that his prebend was in the Church of Christehale and ten shillings in Tolleshunt and ten shillings in Hoddesdon. Walter and his brother William, the first recorded Archdeacon of London, occur in other charters of the time at St. Paul's. Osbert and Geoffrey Constabularius were canons of St. Paul's, and Geoffrey held the Prebend of Chamberlaynes Wood, which had before been held by our founder.

A grant by the Dean and Chapter of St. Paul's of about the year 1170 makes it probable that Algar, the Priest, lived on the slope at the foot of which is Thames Street. Thus the sixteen witnesses are a group of the neighbours of St. Bartholomew's Hospital in the second decade of its existence, and the charter itself is a historical picture of this part of London in the time of Rahere.

### Editorial Notes.

SIR LAUDER BRUNTON, M.D., F.R.S., has resigned his appointment as Physician to the Hospital since the last number of the JOURNAL. The Hospital thus loses the services of a most distinguished physician, but the loss to the Medical School will be even more keenly felt, for Sir Lauder is an eminent scientist. His lectures on pharmacology will long be remembered by those who were fortunate enough to hear them. We are glad to notice, however, that the Hospital still retains his services as a Consulting Physician.

\* \* \*

We are pleased to have seen the handsome presentation which Sir Lauder's House Physicians, past and present, have made to him in the shape of a silver loving cup. This testifies to the great esteem in which he was held by all who knew him, thanks to his amiable disposition and courteous manner. An account of the dinner and presentation will be found in another column.

\* \* \*

IN consequence of Sir Lauder's retirement we have to announce two changes on the staff. Dr. Ormerod has been appointed Physician to the Hospital and Dr. H. Morley Fletcher Assistant Physician. We congratulate them both most heartily.

\* \* \*

Dr. J. E. PANTON has been appointed a Justice of the Peace for the Borough of Bolton.

\* \* \*

AN interesting article on the casualty department appeared in the *St. James's Gazette* of April 8th, describing "the misery of too much to do in too little space." There are several humorous touches, and much that is pathetic. How the head of the casualty physician must swell with pride to hear that "He is the diagnoser," and the sixty men in white jackets—may be just fresh from the rooms—must feel flattered at being described as weeding orthopaedic cases from dental, and ophthalmic from aural. The description of a minor operation in a surgery box is very graphic. The article describes misery upon misery. Its keynote, however, is—"And half of this could be done away with, and half of this softened, if only the richest city in the world would give to its oldest Hospital the support which it requires and so sorely needs. There must be more room, and for more room there must be more money. Because Bart's has been honest in the past, and is frankly honest now, is it to suffer in the future?"

\* \* \*

WE hear that Messrs. John Tann and Co., safe manufacturers, of Newgate Street, have presented three iron chests to the Hospital to be placed at the various entrance gates as collecting boxes. This is an excellent idea. We feel certain that every patient and visitor, realising the needs of the Hospital, will gladly give some trifle towards the Appeal Fund; and it is by trifles that large sums are collected.

It is our pleasing duty to congratulate the Association Football Club 2nd XI most heartily upon beating Guy's 2nd XI in the Final of the Inter-Hospital Junior Cup. The trophy now adorns the library table. Long may it remain! This is the first time we have won the Cup since the year of its institution, 1898, when we secured it by beating St. Thomas's in the Final by 9 goals to 0.

\* \* \*

We are glad to note that the summer session has begun earlier than usual. Though all of us require a short holiday at Easter, six weeks is far too long, and generally in the summer so much work has to be crowded into so short a time, with the necessary result, that much is neglected. The additional fortnight should provide for the same amount of work being done more leisurely, and therefore more effectively. It is much more pleasant in the heat of summer to take a little fresh air in the square between lectures and grinds than to rush directly from the stuffy anatomical into the crowded medical theatre.

\* \* \*

VIEW Day happens on Wednesday, May 11th. With this in prospect, spring cleaning is making rapid strides. First the surgery, then the out-patients, and finally the wards. From time to time all is chaos. But the daily work proceeds with sublime disregard for the discomfort of it all. Even our rooms are robbed of their tablecloths and curtains for a few days. Every effort is made to remove the accumulated dust of the year. The square, too, has put on its vernal aspect, the shelters are cleaned and varnished. The four new lamps make the darkness of night as it were day. How easy now to avoid those darkling pools of water which have been the curse of many a generation of residents when called out at night, to say nothing of the trials of the more lightly-booted nursing staff.

\* \* \*

We have heard it rumoured that frock-coats will not be worn on View Day in the highest circles this year, except by those escorting cousins. We think the highest circles are right, and hope to see this fantastic custom dropped. If we are to be viewed, let us be viewed as we are, not as we become by force of custom. We are not, like the ex-War Secretary's skeleton army corps, undergoing a ceremonial parade.

\* \* \*

We were pleased to notice the satisfactory termination to the case of Messrs. Burroughs Wellcome and Co. v. Messrs. Thomson and Capper in the Higher Court of Appeal. It would have been an obvious miscarriage of justice if the plaintiffs had been deprived of the right of using their patent by some technical point of law, about which there seemed to be so much difference of opinion among the members of the learned profession of the bar. The names "Tabloid" and "Soloid" have always been looked upon by the medical profession as the peculiar right

of Messrs. Burroughs and Wellcome, and we can testify to the infinite value of these preparations in the South African campaign. The only difficulty was that the tabloids were not sufficiently accommodating or interchangeable. For instance, No. 9 was a very famous War Office pill for a malingeringer, but when this was out of stock No. 4 + No. 5 would serve the purpose equally well. Not so with the tabloids, so they had their shortcomings. However, it would have been a sad thing for the profession if other firms had been allowed to make and sell inferior articles under the well-known guise of Tabloid and Soloid.

\* \* \*

We offer our most hearty congratulations to Surgeon W. P. Yetts, R.N., on passing out first from Haslar, and on obtaining the Gold Medal in Naval Hygiene. Unfortunately he had to resign the Silver Medal and Book for General Hygiene owing to a recent admiralty order that no officer should keep more than one prize. We noticed the name of another Bart.'s man, Surgeon L. Murphy, at the other end of the same list. A case of Alpha and Omega, or "All's well that ends well."

\* \* \*

A new departure is to be made this Session as regards the instruction in pharmacy. Arrangements have been made with Mr. Moore to hold classes in practical pharmacy in the dispensary. This will serve two great purposes: it will give men an opportunity of learning more about drugs and the art of prescribing. Particular attention will be paid to the subject of incompatible drugs. Patients will, as a rule, drink any medicine from valerian to caramel water, but it is not surprising that they refuse point blank to take ink, which is so often prescribed by the newly-qualified practitioner. And further, it will serve to make the excellence of our dispensary more widely known. So few men ever take the trouble to go and see the beauties of "The Shop," which, thanks to Mr. Moore's untiring labours, has been brought to a pitch of excellence.

\* \* \*

We are glad to hear that the Oxford men at the Hospital have formed a St. Bartholomew's Oxford Club. The purpose is two-fold; firstly, to keep the Oxford men in touch with one another; and secondly, to further the interests of the Hospital in Oxford.

\* \* \*

Dr. W. P. HERRINGHAM has been appointed Lecturer on Forensic Medicine. We hear that his lectures are well attended from beginning to end. No crisis or lysis is observed during their progress.

\* \* \*

THE following is the additional list of Bartholomew's men who have subscribed to the General Appeal Fund and to the Special Fund for the new Pathological Block:



## GENERAL FUND.

	£	s.	d.
Amount already published . . . . .	388	10	0
W. H. Patmore Sheehy, Esq. . . . .	100	0	0
Mrs. Griffith . . . . .	50	0	0
Mrs. H. J. Waring . . . . .	52	10	0
P. Tatchell, Esq. . . . .	50	0	0
C. W. Emlyn, Esq. . . . .	10	10	0
C. B. Gabb, Esq. . . . .	10	10	0
W. L. Heath, Esq., M.D. . . . .	5	5	0
W. Hyde Hills, Esq. . . . .	2	12	0
P. Hicks, Esq., M.D. . . . .	50	0	0
W. E. Hoyle, Esq., D.Sc. . . . .	1	1	0
Welby l'Anson, Esq., M.B. . . . .	21	0	0
H. J. Johnson, Esq., M.B. . . . .	5	5	0
J. Langton, Esq. . . . .	100	0	0
W. Vawdrey Lush, Esq., M.D. . . . .	25	0	0
J. Newstead, Esq. . . . .	1	1	0
J. L. Parke, Esq., M.D. . . . .	1	1	0
D'Arcy Power, Esq. . . . .	47	5	0
W. Robinson, Esq. . . . .	1	1	0
H. H. Tooth, Esq., M.D. . . . .	50	0	0
T. Jenner Verral, Esq., and Mrs. Verral . . . . .	26	5	0
A. Scarlyn Wilson, Esq., M.B. . . . .	5	5	0
C. Hamer Willis, Esq. . . . .	5	5	0
J. Ackery, Esq. . . . .	52	10	0
J. Barton, Esq. . . . .	5	0	0
H. J. Bumsted, Esq., M.B. . . . .	5	5	0
M. M. Bowlan, Esq., M.B. . . . .	2	2	0
E. J. Burgess, Esq. . . . .	1	1	0
G. H. Cressy, Esq. . . . .	5	0	0
W. M. Crowfoot, Esq., M.B. . . . .	5	0	0
Sir Dyce Duckworth, M.D. . . . .	100	0	0
Nicholl Evans, Esq., M.D. . . . .	10	0	0
A. E. Garrod, Esq., M.D. . . . .	50	0	0
H. W. Gell, Esq., M.B. . . . .	5	5	0
W. B. Gourlay, Esq. . . . .	1	1	0
W. Sheppard, Esq. . . . .	26	5	0
O. F. Wyer, Esq., M.D. . . . .	5	0	0
Collected by C. K. Philips, Esq. . . . .	20	10	0
Collected by W. H. Vakeel, Esq. . . . .	9	10	6
" R. Puttock, Esq. . . . .	15	0	0
" H. J. D. Birkett, Esq. . . . .	3	10	0
" W. H. Barnett, Esq. . . . .	1	0	0
" C. A. W. Pope, Esq. . . . .	2	4	0
" R. Whiting, Esq. . . . .	10	7	0
J. Cropper, Esq., M.D. . . . .	2	2	0
F. Coleman, Esq. . . . .	5	5	0
Total . . . . .	£4859	3	6

## PATHOLOGICAL FUND.

	£	s.	d.
Amount already published . . . . .	337	5	0
B. D. Taplin, Esq. . . . .	5	5	0
L. Noon, Esq. . . . .	5	5	0
Per Cecil Christopherson, Esq. (Bart.'s men at Hastings and St Leonards) . . . . .	33	7	0
Dr. Elizabeth Blackwell (per Cecil Christopherson, Esq.) . . . . .	5	0	0
R. Liddon Meade King, Esq., M.D. . . . .	10	10	0
A. Boake, Esq. . . . .	1	1	0
Lady Margaret Cecil (per Dr. W. B. Warde) . . . . .	10	0	0
R. A. Yeld, Esq., M.D. . . . .	25	0	0
*D'Arcy Power, Esq. . . . .	5	5	0
In Memory, G. E. B. . . . .	1	10	0
E. J. P. Olive, Esq., M.D. . . . .	5	5	0
J. F. Jennings, Esq., M.B. . . . .	5	5	0
S. West, Esq., M.D. . . . .	5	0	0
W. T. Holmes Spicer, Esq. . . . .	5	5	0
*H. H. Tooth, Esq., M.D. . . . .	5	5	0
F. Parkes Weber, Esq., M.D. . . . .	5	5	0
J. Raglan Thomas, M.D. . . . .	2	2	0
Collected by ditto . . . . .	7	13	6
E. C. Cripps, Esq. . . . .	5	5	0
Mrs. Eliz. Brown . . . . .	5	5	0
Total . . . . .	£490	18	6

\* Has also subscribed to General Fund.

WE have been asked to call the attention of subscribers to the fact that there are two different appeals on foot, but that they are in no way antagonistic. The JOURNAL started a special appeal to Bartholomew's men for the new Pathological Block. As there has been some misunderstanding on this head subscribers and those who have collecting cards are asked to state definitely whether their subscriptions are intended for the General or the Special Fund.

\* \* \*

As we go to press we learn that there are only two Macenzie Clerks for May and two for June. Although the work on the district may not be a task of pleasure during the summer, yet, for the sake of those that come after, we ought not to let this department of the Medical School fall into disrepute. Therefore, we urge any senior students, not holding appointments at present, to take this excellent opportunity of learning practical midwifery. The application of short service men will be considered.

\* \* \*

WE have been asked to state that the International Congress of Ophthalmology will be held in Lucerne this year on September 13th to 17th, and all arrangements for the convenience of those intending to be present have already been taken in hand. Mr. Jessop will gladly furnish any further information.

## The Clubs.

**D**URING the last decade the internal social arrangements of the School have been greatly changed and developed. There still, however, remains much to be done before the whole strength of the students can be concentrated upon one common object—that of unity and enthusiasm.

One of the chief factors in this change has been, and must to a still greater extent be, good management, especially on the part of those who are captains and secretaries of the individual clubs. It is with the object of somewhat enlightening students, and especially freshmen, on the present state of affairs and the history thereof that the present article is written.

Until 1892 the clubs were, for all practical purposes, isolated institutions. The first suggestion concerning amalgamation of those clubs was made in that year. One of the main reasons for amalgamation was the question of finance.

No athletic club could, by itself, lease a club ground for matches and practice games, and the suggestion was put forward that the clubs should join together and attempt to obtain such a ground common to all. At the same time it was felt that the separate life of each club should not be destroyed, and that each should continue to elect its own committee and officers.

The scheme finally adopted to meet the various requirements consisted in the formation of a finance committee in which the clubs were severally represented.

After this amalgamation of the clubs students no longer paid a subscription to any separate club, but paid instead a composition fee which entitled them to become life members of the clubs, and to obtain the JOURNAL free during their studentship. The Abernethian Society was not so much under the control of the Finance Committee as were the other clubs. It received a fixed sum for every student joining and managed its own financial affairs.

Since the first formation of the Amalgamated Clubs various internal alterations of no great moment have been made from time to time.

Soon after the amalgamation Dr. T. W. Shore, on one of his botanical rambles, discovered our present ground at Winchmore Hill. He was at that time President of the Amalgamated Clubs. He called the attention of Mr. Bowlby (then Treasurer of the Clubs) to it. After it had been agreed that the ground was suitable, Mr. Willett, the Treasurer of the Medical School, was approached on the matter, and with his sympathy and active support in consenting to the investment of certain scholarship funds in the ground, the purchase was carried through. After preliminaries had been settled a Ground Committee was elected, consisting of Mr. Willett, Dr. Church, Dr. West, Mr. Bruce Clarke, Mr. Bowlby, and Dr. T. W. Shore. This committee left most of the details of negotiating the purchase, of levelling and draining, and of building the pavilion to Dr. Shore and Mr. Bowlby, to whom we are primarily indebted for our present ground. The ground is ten acres in extent. It was purchased early in 1894 by the Medical School for the use of the clubs. It is held in trust by Dr. West, Mr. Bowlby, and Dr. Shore, in whose names the purchase was made. The formalities of purchase, and the work of fencing, levelling, draining, and erecting the pavilion, etc., were completed early in 1895. The ground was ready for use for the cricket season of that year, the first match played there being against the M.C.C.

The total cost of purchase, levelling, building the pavilion, etc., was nearly £8000. (The land cost about £4300; the pavilion about £2200; the fencing £260, and the draining and levelling about £700.) The funds to meet this cost were provided in the main by the Medical School, who invested the endowments of some of the School scholarships in the purchase, and partly by an arrangement with the Hospital, as trustees for the Brackenbury scholarships,

whereby the Brackenbury fund was invested in the land on the security of a mortgage. The Amalgamated Clubs pay £300 a year as a fixed charge, from which the Medical School provides several of the scholarships, and the Medical School subscribes £100 a year towards the expenses of the clubs.

The formal opening of the ground by Sir Trevor Lawrence on June 8th, 1895, was a very successful function. On that day the first Past *v.* Present cricket and tennis matches were played. On the evening of the same day the first Amalgamated Clubs dinner was held at the Holborn Restaurant, Dr. Shore (the President) being in the Chair.

Of late there has been a lack of enthusiasm and unity in the Amalgamated Clubs. The various teams have become, on the whole, weaker, and the inter-hospital cups have been lost one by one. This is largely owing to the fact that freshmen do not make any effort to play in the various trial games by giving in their names to the various secretaries; and, on the other hand, the secretaries and captains very rarely make any serious effort to get at the freshmen. The whole may be summed up as lack of *esprit de corps*. In order to remedy this as far as possible, and to provide better accommodation for students than is at present afforded by the smoking room and Abernethian room, a new *régime* has come into being this year.

The "Amalgamated Clubs" has ceased to exist, or rather has blossomed forth into something better. We recall the words of Dr. Eustace Talbot when he, on behalf of the commission appointed to draw up the laws and constitution of the Students' Union, introduced the new Students' Union at a general meeting of students. "We have come here in a two-fold capacity—as undertakers, to bury with decency the Amalgamated Clubs, and as midwives, to bring to birth the Students' Union." It is to be hoped that the Students Union will do something to restore the *esprit de corps* which is so necessary for the welfare of the Hospital. The Executive Council has its work cut out for it; but if only it will recognise its great responsibilities and lay down certain sound principles for the management of the clubs and improvement of the accommodation for students, a great step will have been achieved. It will thus open the road to further progress, and we may look for improvement in the arrangements for social intercourse by the announcement of smoking concerts or dramatic entertainments from time to time.

The reports of the various clubs, which we publish below, show that the teams are generally weak; the only inter-hospital events which we have recently won are the Athletic Shield, the 2nd XI Association Football Cup, and the light-weight boxing. This is a very poor show for Bart.'s.

It is true that the secretaries of the various clubs seem hopeful for the next season, but unless some radical change takes place in the methods and management of the clubs

and in the *esprit de corps* of individuals, it is difficult for others to feel the same hopefulness.

It might be well for the Council of the Students' Union to call a meeting of freshmen at the beginning of every term, and to send to each individual a letter requesting his attendance in order that all may learn how the Hospital is dependent on freshmen to fill from year to year the places of those who have gone down, and to discover the athletic capabilities of each individual.

One important point to impress upon all is that a good team and combination can only be obtained by the same men playing in the same positions match after match.

"Whatever thy hand findeth to do, do it with all thy might" is the motto of welcome to freshmen over the School door.

There is something for everyone to do for the Hospital. If a man be not an athlete there are other fields to play in. "Those also serve who only stand" and shout. A good "backing" does more for a team than many suppose.

Every full or university student is required to join *all* the clubs and to pay a composition fee. And each student, from the mere business point of view, should get as much for the money as he can.

All students obtain a copy of the JOURNAL free on application at the cloak room.

The following is a list of the clubs:

- Abernethian Society.
- Athletic Club.
- Boxing Club.
- Cricket Club.
- Dramatic Club.
- Hockey Club.
- Lawn Tennis Club.
- Association Football Club.
- Rugby Football Club.
- Shooting Club.
- Swimming Club.

Everyone should at least pay one or two visits to the club ground, if only to see the beauties of the surrounding neighbourhood. Return tickets are issued at elevenpence to those showing the card of club-membership.

Finally, we repeat that which can never be too often repeated: "There are but few things in this world which cannot be attained by enthusiasm and hard work. There are some things attainable by hard work alone. There is nothing worth having that can be obtained without enthusiasm."

#### RUGBY FOOTBALL CLUB.

Looking back on the Rugby season of 1903-4, it would appear to be one of absolute and complete failure, a failure so complete that its very hopelessness cannot but give one hope for the future, seeing matters could not very well be worse.

Apart from this, however, there is one point which is a matter for

congratulation, though probably few outside the team itself are aware of it, and that is the very marked improvement made towards the end of the season, both in the actual play and, still more, in the general keenness displayed.

Criticism at any time, and especially of such a team as has represented the Hospital last season, is always difficult; so that if, to some, these remarks appear too harsh and censorious, let them always remember the difficulty of the task of critic, and also that they are made with the sincere hope of awakening more enthusiasm, plainly stating facts, with no attempt to gloss over what is really a very lamentable state of affairs. First of all, with regard to the management of the Club. It was a regrettable fact that the captain should find himself out of his year in the winter term, and further, that the secretary was also unfortunately called away before the end of the season. There is no doubt that any man undertaking the duties of captain or secretary of the Club at the present time will find it no sinecure. Therefore no man ought take office unless he means to fulfil his duties to the very best of his ability.

Undoubtedly there is plenty of material for turning out something better than the third-rate team which represented the Hospital last season.

A keen captain can do more with a poorish side than a slack one with good material. The officers might at least take the trouble to find out in good time what men intend to play, and to see such men personally. Most men are anxious to play if only things are made convenient for them.

To turn to a criticism of the team collectively, the bare results read, one win, fourteen defeats. It is not in the least desirable to palliate this mournful result by any words. It will be for the captain and secretary of next year, by personal keenness and example, to get men down to Winchmore at least once a week for exercise, to encourage them to box, to swim, or anything, in fact, but loaf about the square for two thirds of the afternoon. Several of the matches have been very good; usually against stronger opponents the team played better, notably *v.* Cooper's Hill, Lennox, Marlborough Nomads, and Old Leysians. There has been in every match a fatal ten minutes, when the forwards fail entirely, and the backs are left to cope with the whole of the opposing fifteen. Most obvious was this in the last quarter of the Cup tie, when Guy's from being eight points to the good, suddenly piled on twenty more points.

Marshall, at full back, has only played a few times, as he found he was out of his year.

Jones played a plucky saving game, but was an unreliable tackler.

With played a very steady game; in fact, he was the best back tried during the season. He must remember that a full back cannot learn to kick by playing a match once a week.

The three-quarters were individually good, but their combination was singularly ineffective.

Lee was by far the best, as he times his passes well, and is rarely selfish. He played an excellent game *v.* Guy's.

Owen is at times brilliant individually, but far too selfish, forgetting his wing entirely. Both he and Lee save and tackle very well.

Pinder is very inexperienced, but is keen and a real good "trier."

Keats has come on wonderfully. His defence is poor, but he kicks well with either foot.

The halves are the weak spot in the team. Loughborough and Collingridge both save pluckily and can tackle quite well, but both have but a rudimentary knowledge of opening out the game. They must remember that it is the first duty of halves to pass out to the three-quarters, and to pass at once. They worked, certainly, under disadvantageous circumstances, as up to Christmas the forwards had little or no idea of heeling.

The forwards, from a leisurely and lethargic collection of individuals, have arrived at quite a respectable semblance of unity. For the first eight weeks of the season they rarely, if ever, followed up at more than a trot; in this respect they are most noticeably improved. They pack quite well, and are very good at getting the ball. Their ideas of combined wheeling are still in their infancy; they have no notion of re-forming to break an opposing wheel, and their heeling is extremely erratic.

In spite of all these faults, weak tackling included, they have the makings of a really smart, though light, scrum. Want of condition is their worst enemy, as evidenced in the cup-tie, where for fifty minutes they more than held their own, getting the ball time after time, then, being unable to "stay," Guy's weight told, and the game went all in their favour.

It is not too much to say that this marked improvement in the forwards was entirely due to Grandage. His untiring energy and capacity for being always on the ball worked wonders, directly he

began to lead the scrum. Unfortunately this was not till comparatively late in the season.

Harris and Trewby were both consistently good, clever, and fast in the open; they use their weight in the scrum.

Trevor-Davies played very well indeed the few times he played for the 1st XV, and it is inconceivable how he can have been overlooked earlier in the season.

Symes, Jamieson, and Almond all work hard, but are usually unable to last sixty minutes. They all ought to learn to control the ball better when dribbling.

Gibson should be useful next year.

Hoskyn and Ilott, especially the latter, played well in the cup ties. It is to be sincerely hoped that they will see their way to playing regularly next season for the Hospital.

Arnould was useful on the few occasions on which he played.

Courtenay is a clever dribbler. Lack of weight is his disadvantage at present.

In conclusion it is to be sincerely hoped that men will try and make more use of Winchmore, and that the executive for next season will use their personal influence and tact to get men to play. In such a case there is every prospect of having quite a fair team, and the critic's task for next year will not be such a painful and difficult one as it has been in reviewing last season's results.

#### ASSOCIATION FOOTBALL CLUB.

An account of the first half of the past season appeared in the January number of the JOURNAL. The second half began with a series of disappointments culminating in a defeat by Guy's in the 1st round of the inter-Hospital Cup. The team began well by beating Brentwood Rovers (2-1), but then match after match had to be scratched, and satisfactory practice at Winchmore Hill was out of the question owing to the state of the ground, so that the team met Guy's at Winchmore Hill on February 2nd in a totally unprepared state. After this the XI seemed to play up better and won 4 matches, lost 2, and drew 1. The matches were all against good sides, so this speaks fairly well for the prospects for next season. There must be much more individual keenness about the game, if we are ever to win the Cup back. The secretary is arranging a sound fixture card for next season, and this will ensure only good matches against amateur clubs. There will be on this account no excuse for men playing for other clubs. There is much promising material in the 2nd XI and Bart's ought to turn out two useful Association teams next season.

The 1st XI was finally made up as follows:—C. E. Armitage (goal); H. Rimington, H. Hardwicke-Smith (backs); C. H. Fielding, A. Miles, J. R. Lloyd (halves); E. R. Evans, F. J. Gordon (right), A. H. Hogarth (captain, centre), J. C. Mead, C. B. Butcher (left), forwards.

Armitage is a really good goal keeper and knows the game well, but does not get enough practice to be always safe. The backs on the whole were very good, and did a lot of hard work.

Rimington gets much too far up the field and, though he is an excellent kick, does not use enough judgment in giving the ball to his forwards.

Hardwicke-Smith makes up in energy what he lacks in speed, and was generally a safe tackler, though rather uncertain in his kicking.

The halves, with the exception of Miles, were the weakest spot in the team; they played a useful defensive game, but seldom played with the forwards.

Miles, when he played, was undoubtedly the backbone of the side. Hardworking, a clever tackler, and he passed well to his forwards.

Fielding was very energetic, but lacked judgment. He did not know when to take the man or when to take the ball.

Lloyd worked hard, but seldom passed on the ground, and was not quick enough in getting to the ball. The forwards one and all were disappointing.

Evans, with his pace, should make an excellent outside; he was useless inside, as he never made any ground and did not do much work. Towards the end of the season he combined well with Gordon.

Gordon played several very good games, but is rather selfish and does not shoot enough at goal.

Hogarth is not a good centre, as he does not keep his wings together, and does not make opportunities for shooting.

Mead improved greatly, but never gets on to the ball soon enough and does not know how to shoot.

Butcher was very fast, and occasionally got right through by him-

self, but more often lost the ball after passing the half, when he might have passed to his inside.

The 2nd XI are to be most heartily congratulated on winning the Junior Inter-Hospital Cup, beating the holders, Guy's, in the final by 3-2. The match was played on the London Hospital ground on March 28th. Neither team was at full strength. Guy's had beaten both London and St. Thomas's by 6-0 each, whilst Westminster, Charing Cross, and St. George's had succumbed to Bart's. The game was not great, but Bart's fully deserved their victory on the play. Of the backs Burra and Trewby were easily best, whilst Holthusen and Tucker were the pick of the forwards. Upton (2) and Hodge (1) scored the goals. The following was the team:—A. Downes (goal); A. Barber and L. T. Burra (backs); W. H. Hodge, F. Trewby, R. C. Berryman (halves); A. T. Forrester, S. Upton (right), A. W. Holthusen (centre), S. A. Tucker (captain), E. Paine (left) forwards.

#### CRICKET CLUB.

*President.*—Sir William Selby Church, Bart.

*Captain 1st XI.*—W. S. Nealor.

*Secretaries 1st XI.*—W. B. Griffin, G. F. Page.

*Captain 2nd XI.*—H. Rimington.

*Secretary 2nd XI.*—J. F. Craddock.

*Committee.*—L. V. Thurston, P. R. Parkinson, A. J. Symes, L. L. Phillips.

As yet it is not easy to prophesy with regard to the success of the coming season. It is hoped that some new talent will be found amongst the Freshmen, especially in the bowling line, which, as in former years, is still weak.

W. S. Nealor will be captain for the second year in succession, and it is hoped that his true form will again reassert itself.

In C. A. Anderson, a captain of previous years, and L. V. Thurston, a patient bat, we lose two cricketers who have done good service for the Hospital.

Otherwise the team will be the same as last year, and with a full side we hope to do well in the Cup ties.

#### CRICKET FIXTURES, 1904.

##### 1ST ELEVEN.

Date.	Opponents.	Time.	Ground.
Wed., May 4...	Trial Game	2.30...	Winchmore Hill.
Sat., " 7...	Wanderers	11.30...	Winchmore Hill.
Sat., " 14...	Virginia Water	11.30...	Virginia Water.
Sat., " 21	Henley-on-Thames	11.30...	Henley.
Mon., " 23...	*Southgate	11.30...	Southgate.
Sat., " 28...	Southgate	11.30...	Southgate.
Sat., June 4...	M.C.C.	11.30...	Winchmore Hill.
Wed., " 8...	Past v. Present	11.30...	Winchmore Hill.
Sat., " 11...	Addlestone	11.30...	Addlestone.
Wed., " 15...	Enfield	11.30...	Winchmore Hill.
Sat., " 18	Hampstead	11.30...	Hampstead.
Sat., " 25	Dunstable Gram. Sch.	11.30...	Dunstable.
Sat., July 2...	Wellingboro' Masters	11.30...	Wellingborough.
Sat., " 9	London County C.C.	11.30...	Crystal Palace.
Wed., " 13...	Occasionals	11.30...	Winchmore Hill.
Sat., " 16	East Molesey	11.30...	East Molesey.
Sat., " 23...	Waldegrave Park	11.30...	Winchmore Hill.

\* Bart's and London combined.

##### 2ND ELEVEN.

Date.	Opponents.	Time.	Ground.
Wed., May 4...	Trial Game	2.30...	Winchmore Hill.
Sat., " 7...	Southgate 2nd XI	2.30...	Southgate.
Sat., " 14...	Merchant Taylors' Sch.	2.30...	Bellingham.
Wed., " 18...	Virginia Water 2nd XI	11.30...	Virginia Water.
Sat., " 21...	Colney Hatch	2.30...	New Southgate.
Wed., " 25...	St. Thomas's Hos. 2nd XI	2.30...	Chiswick.
Sat., " 28...	Southgate 2nd XI	2.30...	Winchmore Hill.
Wed., June 1...	Winchmore Hill	2.30...	Winchmore Hill.
Sat., " 4...			
Sat., " 11...	R.I.E.C. 2nd XI	2.30...	Winchmore Hill.
Wed., " 15...	Winchmore Hill	2.30...	Winchmore Hill.
Sat., " 18...	St. Thomas's Hos. 2nd XI	2.30...	Winchmore Hill.
Sat., " 25...			
Sat., July 2...	London Devonians	2.30...	Winchmore Hill.
Sat., " 9...	Norwood 2nd XI	2.30...	Winchmore Hill.
Sat., " 16...			
Sat., " 23...			
Sat., " 30...	Hospital Employés	2.30...	Winchmore Hill.



## DRAW FOR CRICKET CUP TIES, 1904.

Charing X.....	.....	}	.....	}	.....
Bart.'s.....	.....				
Guy's.....	.....	}	.....	}	.....
Westminster.....	.....				
Bye in First Round					
Mary's.....	.....	}	.....	}	.....
King's.....	.....				
Thomas's .....	.....	}	.....	}	.....
London .....	.....				
Middlesex .....	.....	}	.....	}	.....
University .....	.....				

## LAWN TENNIS CLUB.

The courts at Winchmore Hill will be open for play on April 30th. The last year's captain, C. W. A. Pope, will be unable to play this season, and his absence will make a considerable difference to the team.

Unfortunately, up to the present, there are apparently no freshmen who intend to play this season. This is a great pity, as the club will be as extinct as the Dodo next season, unless it gains a new lease of life by the importation of some new blood.

At present the playing members will all, with one exception, be either "out of their year," or else qualified by next season.

Some people seem to hold the view that some University degree is as necessary a qualification to play in the Bart.'s VI as an F.R.C.S. is for a place on the surgical staff. They are entirely mistaken.

A journey to Winchmore Hill may, perhaps, be found worth while if only to buy balls which have been used once in matches at half price.

## ATHLETIC CLUB.

The present generation of Bart.'s men must look upon the Athletic Shield as being hospital property, and we see no reason why this idea should not still be maintained during the ensuing year. Our prospects really look quite as rosy as usual, in spite of the absence of H. E. Graham, who, owing to Hospital regulations, will not be able to run this year. Graham for the last five years has won the half and mile, but we hope not to lose sight of him altogether at our athletic meetings; for judging by his ability to hold cups he ought certainly to be a good hand at holding the tape for others. But do not let this dishearten us, for surely our hopes may rest safely on the shoulders of such an athlete as W. H. Orton, who may with confidence be expected to win the hundred and two hundred and twenty, and if he has better luck than last year, the quarter also. Another silver medallist should be E. P. Young, whom we hope to see carry off the weight with the same ease and skill which he displayed last year. If J. G. Gibb can be persuaded to turn out in the three miles that event will most certainly fall to Bart.'s, but if on the other hand he is unable to run we have great confidence in A. L. Candler who ran second to Pilbean last year. B. N. Ash unfortunately will not again be able to fascinate the spectators with his wonderful leaping powers. A rumour reaches us that the veteran runner P. Gosse may again be able to put in an appearance on the track; such a rumour, if it be true, should add to our confidence, as Gosse's marvellous staying powers are well known in athletic circles; he once gained second place in the mile and three miles.

Cannot something be done this year as regards the Tug-of-War? Surely the Rugby team which lately has not been over successful in its own line of sport might launch out into other spheres and raise a team for this event in which brute force and not skill is required.

Of the young blood we can say nothing, as so far we know nothing; but we hope that among the many athletic-looking figures which have lately joined the Hospital there may be one or two who will prove athletes of real merit, and many who will retain sufficient enthusiasm for athletics to enter and train for the Hospital sports.

No dates at present can be fixed, and the date of the Inter-Hospital Sports is not yet decided. But the Stamford Bridge Ground is open for training; or, better still, arrangements can be made for men wishing to run or jump at Winchmore Hill, where the green sward and pleasing country air are more delightful than the dust and heat of the London athletic ground.

## SWIMMING CLUB.

President.—H. J. Waring, Esq., F.R.C.S.

Vice-Presidents.—P. J. Furnival, Esq.; J. Calvert, Esq., M.D.; Gordon Watson, Esq., F.R.C.S.; D. M. Stone, Esq.

Captain.—R. C. P. McDonagh.

Secretary.—C. F. O. White.

Committee.—J. G. Watkins, H. M. Hanschell, H. N. Wright, E. G. Milsom, G. T. Verry, F. Trewby, P. Gosse, W. S. Edmonds.

The prospects for the coming season are hopeful.

Our most serious loss is that of D. M. Stone, since not only was he an experienced polo player, but his rapid pace made him invaluable in the team races, and unless he had been ill last year we should probably have won the Inter-Hospital Team Race Cup.

Out of last year's team five remain. This year two forwards are wanted, and it is hoped some freshmen may be found to fill the place.

Water polo is a game easily picked up, and any freshmen who can swim at all we hope to see at the practices, which are held at the Holborn Baths (Endell Street) at 1.30 on Wednesdays.

Cheap tickets for the above can be obtained either from R. C. P. McDonagh or C. F. O. White.

If we can only get the team to turn up to practice together as often as possible there is no reason why we should not have a good try to regain the Water Polo Inter-Hospital Cup.

The weak point at present is our slowness in team racing, and it is hoped that this may be improved with practice.

We are very pleased to see our captain playing again this year, after being *hors de combat* all last season.

## FIXTURES, 1904.

Sat.	May 14	Cambridge S.C. ....	Holborn Baths
Wed.	" 18	Artist's R.S.C. ....	Fitzroy Baths
Fri.	" 27	Ealing S.C. ....	Ealing Baths
Thurs.	June 9	Richmond S.C. ....	Holborn Baths
Sat.	" 11	Cambridge University .....	Bathing Sheds, Cambridge
Wed.	" 15	Queen's Westminster S.C. ...	Westminster Baths
Fri.	July 1	Ealing S.C. ....	Ealing Baths
Mon.	" 4	Otter S.C. ....	Holborn Baths
Mon.	" 18	Queen's Westminster S.C. ...	Holborn Baths
Fri.	" 22	Richmond S.C. ....	Richmond Baths

## The Mistakes of a House Surgeon.

A Paper read to the Abernethian Society.

By E. L. FARNCOMBE, M.R.C.S., L.R.C.P.

(Concluded from p. 118.)



FROM the notes on the next case you will perceive, I trust, the sources of error, which led to a series of mistakes in treatment almost from the moment of admission to her death forty-eight hours later.

H. M—, æt. 46, was admitted to Lucas on July 3rd for headache and drowsiness. She had been treated in the surgical out-patient department from April 26th to June 26th for a gumma of the temporal region. On Thursday, July 2nd, she complained of great frontal headache, and commenced vomiting at 2 a.m. Both symptoms continued, and drowsiness began on July 3rd. She was brought up in a car to the out-patient room and at once admitted. She was too drowsy to answer any question about her past or family history, but she was sufficiently conscious to complain of great frontal headache, pain on left side of neck, and lumbar pain; the last was supposed to be caused by menstruation.

On examination she was found to have a temperature of  $101.8^{\circ}$ , pulse 108, high tension, and respiration 36. No retraction of the head; no localised tenderness over scalp; no tenderness over mastoids; both membrana tympani natural; both eyes kept closed, when opened pupils were equal and reacted; under homatropine she had slight lateral nystagmus, but no trace of optic neuritis could be seen.

*Thorax.*—There was dulness behind over both bases.

*Heart.*—Area of cardiac dulness not increased; apex-beat natural; systolic murmur at apex conducted into axilla; faint systolic murmur at pulmonary base; leucocyte count 16,000.

*Abdomen.*—Moves well; nothing abnormal felt.

*Kidneys.*—Catheter specimen of urine showed sp. gr. 1025, acid; no albumen, but intense glycosuria.

*Reflexes.*—Both knee-jerks and flexor reflexes sluggish.

She lay in the typhoid state, and seemed to fall into the group that includes enteric fever, meningitis, infective endocarditis, and some cases of pneumonia. Enteric fever was put out of court by a negative Widal; infective endocarditis was favoured as a diagnosis by the presence of murmurs and a slight leucocytosis, but the size of the heart was against it; while pneumonia, in an early stage, seemed probable from the physical examination. The evidence for meningitis was slight, though glycosuria could be fitted in with this condition better than any of the others unless she was a diabetic. The treatment adopted was expectant, with purgation by Pulv. Jalapæ Co.

The next day she still took food when pressed, but the drowsiness was obviously increasing. Heart and lungs were the same as before. Pulse, still of markedly high tension, had increasing frequency up to 136, and temperature rose continuously to  $103.6^{\circ}$ . Urine (catheter specimen owing to menses and retention) 3xv. Glycosuria very slight; albumen present. Treatment symptomatic, with additional stimulant.

On July 5th the patient was completely unconscious, and nasal feeding was resorted to. Respirations 44, of the Cheyne-Stokes type. Condition of lungs unaltered. Pulse 136, high tension but irregular. Temp.  $103.8^{\circ}$ . Has passed no urine for twenty-four hours; catheter specimen sp. gr. 1025, acid; no glycosuria, but very much albumen, with hyaline and granular casts; urea estimation 2.5 per cent.

Dry cupping was performed, but during the operation patient's pulse and respiration became markedly worse, and she became cyanosed; so the cups were removed early, and patient again placed on her back. It now appeared as if there was uræmia present, even though there had been no twitchings. Two hours after the dry cupping patient was sweating freely, but breathing extremely badly and in a dyspnoic manner. Consequently I performed phlebotomy Oj in the right arm, while my corresponding house physician infused on the left saline Oj. This had no effect on the

patient, and she died an hour afterwards. The post-mortem explained all the symptoms, for she was found to have had a front basal suppurative meningitis. The heart showed an old rheumatic lesion; and the kidneys, which had attracted so much attention, were found macroscopically to show no pathological lesion. Should it ever be my fate to meet a similar case I might not pay so much attention to certain symptoms, but I am convinced that, despite my treatment, the result to the patient would be the same.

While in my first week as a "fresher" at Oxford I was introduced to another "fresher," with whom I had a fairly close acquaintance for three years. When I first went round Henry in October for my senior, who was money-making, I met a man of the same name, and asked him where he came from. He came from the same village as my old acquaintance and senior. My conclusion that he was a brother was correct. The patient had had an appendix abscess opened at the end of September, and a faecal fistula resulted. He convalesced rapidly, but the fistula would not close, so a further operation for its closure was performed in February, 1903, and he left apparently quite well in March. He was a man who had five attacks of catarrhal appendicitis previous to this one between 1899 and 1902. He reported himself monthly after leaving the hospital in March, and on July 28th had tea with me in the quarters and seemed to be a sound man. It was therefore with considerable surprise that I awoke at 8.15 a.m. on July 31st to read a telegram from his doctor to say he was bringing A. B.—up again, as he was suffering from severe and obscure abdominal pain. He came up middle-day, and his condition was markedly changed within the three days that had elapsed since I saw him last. With a weak irregular pulse of 108 and temperature of  $100.8^{\circ}$  he looked sallow and emaciated, and was in intense pain. His abdomen was distended and moved badly, but was not very tender, but slightly more so in the right iliac fossa. In the evening he was seen by three house surgeons in consultation with me, and the unanimous opinion was expressed that general peritonitis was the cause of his condition.

Mr. D'Arcy Power came down and operated. Briefly recount d, the operation was as follows:—Incision through old scar of appendix abscess disclosing the ascending colon adherent to the anterior abdominal wall. By enlarging the incision downwards a gangrenous appendix was found and removed, a drainage-tube inserted, and the wound partially closed. In many such cases the interest ceases at this point as convalescence begins and ends uneventfully. Not so with A. B.—, for after the appendix was removed his temperature remained average for six days, and his pulse-rate varied from 100 to 120, mostly above 110. But his bowels could not be opened, though every form of purgation was attempted, and injections of Liq. Strychninæ given a quarter of an hour before the many simple and complicated enemata; no result could be obtained. The abdomen be-

came more and more distended, even though from the first the feeding had been rectal, with the exception of small quantities of champagne and brandy, which were taken by mouth. Intractable hiccupping was constantly present and vomiting was occasional. The patient at times was delirious, and on one night-round attempted his own salvation by telling me that he was perfectly sure the only cure for his hiccup would be to put him into an exhaustion chamber, and by producing a surrounding vacuum exhaust all his intestinal flatus.

Seven days after the operation his condition was desperate, and I made the first of a series of three mistakes.

I invited, during the afternoon, his mother and a younger brother to my rooms and informed them of his condition. My prognosis was death within forty-eight hours. During the same evening the patient was much worse and vomited three times. The vomit was distinctly feculent. The temperature, which had remained average for six days, rose to  $102.4^{\circ}$ , and his pulse-rate increased to 136, at which rate it was markedly weak and irregular. On my night-round the patient was in such awful pain that I administered hypodermically Inj. Morphinae  $\mathfrak{m}\mathfrak{v}$ , Liq. Strychninae  $\mathfrak{m}\mathfrak{i}\mathfrak{v}$ , and ordered a second injection of strychnine to be given when necessary. On my return to the quarters I wrote to his doctor saying that his case was hopeless, and posted the letter before going to bed. Next morning I was surprised that I had not been called in the night, but on entering Rahere my first question was for A. B—. The reply astounded me: "After your injection he slept for three hours, and woke up to have his bowels well opened, and since then he has had his bowels open twice more." From that time onward he convalesced slowly but surely. A fecal fistula appeared in the wound, but closed in five weeks, and when he came to tea with me at Mackenzies about a month ago he told me he weighed over two stone more than he had done since 1902. My mistakes in his treatment were twofold; firstly in prognosis, and secondly in giving the morphia at all. I admit I wish I had not given the wrong prognosis to his relatives and his doctor, though they were all prepared to receive it; but as regards the administration of morphia I only wish that I had been strong enough to throw off the classical teaching a day or two earlier, and I can only devoutly hope that all my mistakes in fatal prognosis for the future will be equally unsuccessful.

A good many of my mistakes have been caused by the appendix, and surely with those that I have already recited in my mind I ought to have made no more.

However, one day in August F. R—,  $\text{aet. } 17$ , came up for examination, with a note from an outside practitioner to say he was suffering from an intussusception.

In the surgery he was found to have a temperature of  $99.2^{\circ}$ , with a pulse-rate of 84. He gave a history of having ten days previously been suddenly seized with severe pain

in the lower part of the abdomen accompanied by vomiting. Eight days previously he had returned to work, but seven days before a frequent running away from the rectum of blood and mucous slime had commenced and continued up to the present. He lay on his back with his legs fully extended, with full abdomen and rigid walls. An elastic, painless swelling could be felt, five inches by four inches, in the hypogastrium, extending more to the right side than the left. The swelling was dull on percussion, and did not disappear entirely on catheterisation. *Per rectum* an elastic swelling could be felt in middle line and to left of rectum. A diagnosis of mucous colitis due to impacted faeces was made, as the youth acknowledged constipation of long duration, and he was admitted to Luke Ward.

On admission he had administered a soap and water enema, which resulted in a slight return of sanious mucus. In the evening he was examined again. His temperature had increased to  $102.4^{\circ}$ , with a pulse rate of 128. He was in considerable pain, and a leucocyte count was 17,000, and therefore indicative of suppuration. Mr. Lockwood came down to operate. He opened in the middle line, and discovered an appendix abscess confined to the pelvis but lying both to right, left, behind, and in front of the rectum. The largest quantity of pus was on the right side. The appendix was found with extreme difficulty and removed.

For two days after the operation the patient made good progress, but suddenly the drainage ceased to work satisfactorily, and the patient at the same time became wildly delirious. He was removed to Casualty, and died shortly afterwards.

The last mistake was one that involved a nice medico-legal point. It was the case of M. E—,  $\text{aet. } 9$ , who was brought up to the hospital at 10 p.m. on September 12th by the father, who gave as her history that she had been in perfect health until supper time on September 11th, when she had eaten the products of a fried fish shop. It appeared that other people in the neighbourhood had been complaining recently of this fish shop, and the father was extremely anxious for us to give him a paper to say that the girl had been poisoned by fish, and then he said he would make it hot for the proprietor.

It really looked as if the father's theory was a true solution, for pain, with incessant diarrhoea and vomiting, had commenced one hour after eating the fish and twenty-five hours previously. The girl was pulseless, and had a temperature of  $95^{\circ}$  F. She was evidently moribund. Examination of her chest revealed some pleural friction over the base of the right lung behind. Her abdomen moved easily, was flaccid and soft, and, as far as could be judged, not tender. There was no sign of loss of resonance on percussion, and nothing could be felt *per rectum*. A warm bed, tilted up at lower end, and an injection of strychnine brought back a slight flickering

pulse, too rapid to count. The temperature rose to  $96.4^{\circ}$ , and patient commenced a low muttering delirium and incessant picking at the bedclothes with her hands. Brandy had been given by mouth, but was vomited in two minutes. Brandy was given *per rectum*, but returned with bile-stained fluid in a few minutes. Altogether she received four injections of strychnine in the twelve hours she remained alive.

After her death her father again requested a certificate, but though her condition had appeared to be toxæmic, on account of the pleural friction, and for general interest, a post mortem was demanded, and at first steadily refused. However, as the man saw that no post mortem meant no certificate, he eventually yielded, and the post mortem notes condensed read as follows:

In the thorax a patch of recent pleurisy over the right base. In the peritoneum: an amount of thin, turbid, blood-stained fluid in peritoneal cavity, becoming more purulent in character towards the pelvis. Everywhere intense recent peritonitis with infection. No lymph exudation. A large number of small extravasations of blood in the great omentum, and nowhere else. Subsequently the peritoneal fluid and heart's blood gave pneumococci in pure culture.

Once more, therefore, the ubiquitous pneumococcus appeared on the scene to belittle us in our own estimation, but its arrival in this particular case was at least more serviceable than in most pneumococcal infection, for it protected from legal proceedings the alien immigrant who was a purveyor of fried fish to our East-end population.

Our Chairman, gentlemen, at our last meeting was under a misapprehension when he stated that the subject for to-day's paper would be "A few mistakes of a house surgeon, and tea and coffee in the Library." The latter part of his statement is, I confess, entirely outside my province, and yet I desire to express my thanks to him for adding the word "few" to the title.

It is a sufficiently difficult task, gentlemen, to stand in the pillory of your criticism and confess so many mistakes, and had it not been for your president's statement I doubt if my natural honesty would have led me to confess that there were "others." Still, it is true there must have been many more, but I cannot remember the details sufficiently to recount them to you. I am in hopes that you will consider a goodly number of my avowed mistakes would fall equally well into a category of "difficult diagnosis" or "obscure cases." And yet I am not wholly ashamed of my errors, for I take it that the whole object of seeking a house surgery is to learn, to learn by experience, to be gained alike in the hurly burly of our out-patient departments, in the comparative quietude of our wards, in the suppositious sanctity of the theatre, and the callous coldness of the post-mortem chamber. And, inasmuch as I believe my experience is universal that no patient dies

through a mistake that would not otherwise die at or about the same time as the mistake is made, I would urge that the learning to be gained by the experience is greater in one mistaken case than in ten cases which from start to finish afford no difficulty in diagnosis or treatment.

In conclusion, I must thank you for the patient and courteous manner in which you have listened to my series of mistakes, and, without attempting to excuse myself, offer you as an axiom: "The medical practitioner who never makes a mistake never sees a patient."

### Simple Rhymes.

No. 1.—TÆNIA SOLIUM.



ONDROUS winding lengths are thine

Six or seven feet or nine,  
First thy rounded head before  
Set about with suckers four.  
Eke as well thy features show  
Suckers in a double row.  
Thread-like neck so lithe and slim;  
Graceful creature neat and trim.  
Following gently after these  
Come thy fair proglottides.  
Sweet simple life—in one we see  
Paternity, maternity.  
Joyful offspring soon to grow,  
Little six-hooked embryo.  
Never to good children come  
Little Tænia Solium.

J.R.R.T.

### Overheard in Hospital.

Scene—THE SURGERY.

*Energetic H. P.* (having prescribed for patient's cough).—By the way, do you bring up any blood?

*Patient* (with emphasis).—Do I bring up any blood? Why! that's just what I do do, doctor.

NOTES ON ASEPSIS.

(1) At a probationers' examination.

*Examiner*.—What precautions would you take on entering an operating theatre?

*Probationer*.—The first thing I should do would be to become aseptic.

(2) At a provincial hospital in the north of England where asepsis is not always attained.

*Visiting Surgeon* (viewing with satisfaction the dressing of a radical cure which has not suppurred) writes on notes "No sup'."

*Patient* (later).—Why this is all right! I ain't had no dinner for ten days, and now he's been and knocked me off my supper.



### Consultations.

**I**N this column we propose to publish each month a short note on the more important cases that are seen at the Thursday consultations, and, wherever possible, an account of the further progress of the case.

#### CONSULTATIONS.

MARCH 24TH.—Mr. McAdam Eccles showed a man, a farmer æt. 50, with a swelling of the right knee, who received a kick on the knee in December, 1902. The joint immediately became swollen, but went down with the pressure of a bandage. Early in February, 1904, the man fell from a bank into a ditch where he remained until assisted out. Again the right knee-joint swelled up, and he remained in bed for a month, cooling lotions being applied. On March 4th the patient was admitted to the hospital. The knee was found distended with fluid; this has become less in amount under treatment by rest and pressure. There is slight lipping of the femur and patella, but no bony grating; little, if any, pain; a cystic swelling is present internally and below the joint. The reflexes are normal, and there is no alteration in the appreciation of the sensations of heat and cold. There is no history of syphilis.

Mr. Eccles thought the diagnosis lay between (a) a chronic joint lesion, the result of an affection of the nervous system; (b) osteoarthritis, and (c) tubercle engrafted on an injured joint. He was in favour of osteoarthritis with effusion, and as to treatment thought little could be done beyond rest, pressure, and massage to the joint.

Mr. Bowlby remarked on the history of two distinct injuries, and thought the condition similar to a tabetic joint; he did not consider it was tuberculous. He suggested opening the joint, washing it out with saline solution or boracic lotion, and the application of pressure.

Mr. Bailey thought the case more likely to be one due to tabes, in spite of the fact that no other symptoms existed. He would aspirate the joint and then apply pressure, and if this did not succeed would open it in the way suggested by Mr. Bowlby.

Mr. Harmer agreed that it was probably tabetic, and would withdraw the fluid and apply pressure.

Subsequently the joint was aspirated and some ounces of clear fluid withdrawn. There has been no re-accumulation.

MARCH 31ST.—Mr. Bruce Clarke exhibited a man æt. 51 suffering from a swelling about the head of the left tibia. There was the history of a blow on the knee two years before, and four months ago he slipped down and injured the same knee. The region of the left knee was swollen, and there was pain on pressure on a small spot over the head of the tibia; this spot was soft and "buckled" under the finger. A skiagram showed the bone to be thinned and expanded.

Mr. Bruce Clarke thought there was an endosteal myeloid tumour present and proposed the operation of scraping out the growth; he thought the whole of it could be got away by this means.

Mr. Eccles agreed as to the diagnosis and proposed line to treatment.

Mr. Bailey considered the bone so thinned that it would be of little use after the removal of the growth, and therefore he would feel inclined to amputate.

On April 6th Mr. Bruce Clarke operated on the man; he removed a soft hæmorrhagic growth from the interior of the bone, which was extremely thinned out over it.

Mr. McAdam Eccles brought in a case of an abdominal tumour in a woman æt. 59, which had been noticed for the past eight months. There was no pain, vomiting, constipation, or loss of appetite, but she had become thinner. The urine was normal, and there were no symptoms pointing to disease in the colon, spleen, or pelvic organs. The tumour was somewhat to the left of the umbilicus and level with it, but was very movable. It was hard, and transmitted pulsation could be felt; there was little, if any, movement on respiration.

Mr. Eccles thought the diagnosis lay between (a) a tumour of the omentum, or (b) one in connection with a very movable left kidney; he was afraid it was malignant. He proposed exploratory laparotomy.

Mr. Bruce Clarke remarked on the uncertainty as to character of the tumour; he considered it unlikely to be a movable kidney, and thought it was a tumour in connection with either the colon or omentum; it might be tuberculous. He would explore.

Mr. Bailey thought the tumour was in connection with the left kidney; it presented all the signs of a renal tumour. He advised an exploratory operation.

Mr. Eccles opened the abdomen two days later and found a malignant growth of the greater curvature of the stomach near the pylorus, which had involved the omentum and adjacent part of the transverse colon. It could not be removed.

Mr. Bailey showed a child, æt. 11 weeks, in which there was a small red mass in the situation of the umbilicus, from which intestinal matter and urine had both been said to pass. A probe could be passed three inches into the abdomen along what was thought to be an intestinal diverticulum.

Mr. Bailey thought the diagnosis of both a patent Meckel's diverticulum and a patent urachus was quite clear, and proposed operation for the cure of the conditions at once rather than wait.

Mr. Langton, Mr. Lockwood, and Mr. Bruce Clarke all agreed that an immediate operation was the best course to pursue.

Mr. Bailey operated the same day; he excised a Meckel's diverticulum, sutured the intestine, and closed the abdomen.

The wound healed perfectly, and child now passes its motions naturally.

Mr. Lockwood showed a man, æt. 25, with a large growth of the left scapula, with secondary growths in the glands in the left axilla and posterior triangle of the neck, and a nodule in the skin of the back. History of five weeks' duration. No evidence of secondary growths in liver or lungs.

Mr. Lockwood thought the case inoperable, but would remove the growths through a large incision without removing the arm, if his colleagues thought it advisable or worth a trial.

Mr. Langton thought the case very unfavourable for operation; the history must be longer than five weeks. He thought an operation, such as Mr. Lockwood suggested, worth trying; he would leave the glenoid cavity.

Mr. Bruce Clarke also thought it an unfavourable case, and it would not be possible to remove the whole growth without removing the arm.

Mr. Bailey was of the same opinion as Mr. Bruce Clarke; he would be rather loth to undertake any operative measures.

Mr. Lockwood subsequently removed the whole *forequarter* and the affected glands in the neck. The growth proved to be a sarcoma.

APRIL 7TH.—Mr. Langton showed a man, æt. 31, with a recurrent tumour of the lower jaw on the right side. In 1890 Mr. Butlin removed a tumour of some months' duration, and about the size of a duck's egg, from the same region by cutting down on to it from within the mouth and shelling it out: the cavity afterwards being scraped out with a sharp spoon. This growth was found microscopically to be a loose connective-tissue tumour. The man remained free from any recurrence until eight months ago when his mandible began to enlarge again. At present there is a considerable swelling in the jaw, hard and fibrous, projecting into the mouth slightly, and preventing the man opening the mouth beyond about three quarters of an inch. No glands; general health good.

Mr. Langton thought the growth sarcomatous from its rapid growth and suggested removal of the right side of the jaw with the exception of a small piece along the lower edge.

Mr. Waring thought it an endosteal tumour and probably malignant; he would remove it, and probably the whole side of the lower jaw would have to be removed.

Mr. Eccles was afraid the tumour was malignant; he advised cutting out a small piece for microscopic examination. The growth might be of cystic nature. It would require an extensive operation, and he did not think any of the inferior margin of the bone could be saved.

Mr. Langton removed the lower jaw from the right canine tooth to the articulation.

The microscopic examination shows the growth to be a myxoma or a sarcoma undergoing myxomatous degeneration.

APRIL 13TH.—Mr. Bailey showed a man, æt. 37, who had a swelling of the left arm extending from just below the shoulder to near the elbow. Four years ago the patient fractured his left humerus in its upper third, and a year ago while in Guy's Hospital suffering from Bright's disease he fell and broke the same bone just above the elbow. Since then there has been pain, and for the past three months an increasing swelling has been noticed by the patient in the upper part of the arm. The arm presented a fusiform swelling, hard to the touch, but not interfering with the movements. There was no history of syphilis. The temperature was normal. A skiagram showed an irregular thickening of the bone. Mr. Bailey thought the case one of periosteal sarcoma, and suggested cutting out a piece for microscopic examination.

Mr. Langton agreed that the swelling might be sarcomatous, but

thought the fusiform character of the swelling pointed to an inflammatory affection. He would try the effect of potassium iodide and small doses of mercury, and then if there was no decrease in size would take out a piece for microscopic examination.

Mr. Cripps thought the swelling was due to an abnormal amount of callus, formed possibly by the irritation caused by a small sequestrum. He would keep the case under observation to see if there were any increase in the size of the mass.

Mr. Eccles also took the view that the lesion was an inflammatory one. He would give potassium iodide and watch the case.

Mr. Bailey then brought in a little boy, *æt.* 5, with an abdominal swelling. On March 27th of this year pain in the pit of the stomach and right groin was complained of. The mother of the child then noticed a swelling in the lower part of the abdomen, chiefly on the right side. On April 5th blood and slime were passed *per rectum* once. There has been very increased frequency of micturition. The temperature is normal; little pain on examination. The swelling is now greatly increased, and appears solid. Mr. Bailey thought the case one of malignant disease in connection with one of the pelvic organs. Tubercle was to be remembered, but the history was too short.

Mr. Langton agreed that the case was most probably one of malignant disease. He detected some fluid in one part. He was in favour of making an exploratory laparotomy.

Mr. Cripps also thought the swelling was malignant, probably in connection with the bladder.

Mr. Eccles was also of opinion that the swelling was due to malignant disease, and that its origin was uncertain. He was against performing any operation.

### By the Mayor.

#### DINNER AND PRESENTATION TO SIR LAUDER BRUNTON.

SIR LAUDER BRUNTON'S house physicians enjoyed the company of their old chief at dinner at the Café Royale, on Friday, April 15th, when they met to commemorate their past association with him, and the occasion of his retirement from the active service of the Hospital. Out of a possible total of eighteen house physicians, fourteen were present. Dr. Tooth, who has been so long associated with Sir Lauder as his assistant physician, was present as a guest. After an enjoyable dinner, at which Dr. Belben presided, the toast of the King was duly honoured. The chairman then, in a speech which reflected the feelings of all present, proposed Sir Lauder's health, and begged his acceptance of a loving cup from his old friends, his house physicians.

Sir Lauder Brunton, in an eloquent and touching speech, thanked all present for their kindness in entertaining him at such an occasion, and also for their handsome gift, which would ever remind him of the pleasant associations of the past. And now, as he looked back on the past, he felt how truly results had justified his selection of house physicians, a task that, as a rule, was no easy matter, and he wished to take this opportunity of thanking one and all for the able way in which they had discharged their duties on his behalf.

Dr. Tooth, in a humorous speech, containing many laudatory and Sir Laudertory remarks, proposed the health of the Chairman, to which Dr. Belben replied, and expressed his personal gratitude to Mr. W. Foster Cross for all the trouble he had taken in arranging such an excellent

evening. Mr. Cross replied in a few well-chosen words, and so a very enjoyable evening was brought to an end.

A DANCE was given by the "Old Girls of Queen's College, Harley Street," at the Empress Rooms, on April 18th, in aid of the New Building Fund of Bart.'s. The tickets, limited to 350, were sold readily. The dancing began at 9 o'clock, and was not over till four, two hours after the official time. This fact alone speaks for the success of the dance. The dulcet strains of the "White Viennese Band" made even the laggard feet of the least enthusiastic follower of Terpsichore hasten to his partner for the next dance.

Our best thanks are due to those ladies who gave up so much of their valuable time in the interests of our Hospital, and it is gratifying to be able to state that a sum close on £50 will be handed over to the fund.

Much praise is due to Messrs. Wilson, Grandage, and Furber for the excellent way in which they officiated as M.C.'s.

### Correspondence.

*To the Editor of the St. Bartholomew's Hospital Journal.*

DEAR SIR,—In the April number of the Journal I see that "Mr. H. J. Gauvain represents Cambridge and other University Students" on the Council of the Student's Union.

Generally the name of Oxford is coupled with that of Cambridge, and it would be interesting to know why it was omitted in this case.

We of the other universities greatly appreciate Mr. Gauvain as our representative, but we think that our universities should be duly recognised by him and the other members of the Council.

Yours truly,

A STUDENT OF ONE OF THE "OTHER  
UNIVERSITIES."

*To the Editor of the St. Bartholomew's Hospital Journal.*

SIR,—Could you tell me where the remaining verses of the following parody of Macaulay's poem are to be found?

I was told years ago that the whole appeared in some magazine, but I have never met with it.

Yours faithfully,

HUBERT STANLEY.

43, PEVENSEY ROAD,  
ST. LEONARD'S-ON-SEA;  
April 6th, 1904.

"Bill Savory, of Bartholomew's, by Galen's soul he swore,  
That out of thirty candidates, he would plough twenty-four.

By Galen's soul he swore it and named the fatal day,  
When men should come from every town,  
And having planked their five quid down,  
Get ploughed and go away."

[We have communicated with several old Bartholomew's men, but as yet have only been able to discover two more lines, thus—

Then out spake Dicky Partridge, to Savory quoth he,  
"I will abide by thy right side, and spin the men with thee."

Perhaps some of our readers will supply the rest.—  
EDITOR.]

*To the Editor of the St. Bartholomew's Hospital Journal.*

### PAST v. PRESENT CRICKET MATCH.

RESIDENT STAFF QUARTERS,  
ST. BARTHOLOMEW'S HOSPITAL;  
April 20th, 1904.

DEAR SIR,—The Past v. Present Cricket Match has been arranged for Wednesday, June 8th, when it is hoped that as many Bart.'s men, both Past and Present, as can possibly get to Winchmore Hill, will be there.

As I have been asked to arrange the Past team, I should be glad if any old Bart.'s man who wishes to play would communicate with me at the above address.

Yours truly,

H. EDMUND G. BOYLE.

## Reviews.

ANÆSTHETICS IN SURGERY, BASED ON A SERIES OF 2000 CONSECUTIVE INDUCTIONS OF GENERAL ANÆSTHESIA, by C. HAMILTON WHITEFORD, is a short account of the author's views and methods. (Published by Arrowsmith and Co., Bristol. Price 1s.)

The paper contains many useful references and quotations, but some of the methods and conclusions are hardly in accordance with the teaching at our Hospital, and we do not feel inclined to advise the use of either the mechanical contrivance for supporting the ether inhaler or the method of confining the patient's arms by slings during the anæsthetic.

The administration of chloroform from a Clover's inhaler without the bag is on the same principle as the Vernon-Harcourt inhaler, but lacks any method by which the actual amount of chloroform vapour inhaled may be ascertained. It is a method that in the hands of anyone accustomed to it may be very useful, but for the man who is learning, or only giving anæsthetics occasionally, it seems to rather increase than diminish the risk of chloroform anæsthesia.

THE NAUHEIM TREATMENT OF CHRONIC DISEASES OF THE HEART, by LESLIE THORNE THORNE, M.D., B.S. (Durham). Messrs. Ballière, Cox and Co.

This little book is a reprint in substance of some articles that have appeared in the 'Lancet.' It purports to set forth the details of the well-known Naheim treatment and to indicate the class of case that is likely to be benefited. The aim is modest for most of the information can be obtained from the larger treatises on heart disease that have been published in recent years, but we suppose that there is a demand for some such short cut to what is certainly in some cases a useful branch of therapeutics and for those who have not the time or inclination to go more thoroughly into the matter this small work may be of service.

CLINICAL STUDIES IN SYPHILIS. By ARTHUR H. WARD, F.R.C.S. (Published by the Medical Times, Ltd.) Price 3s. 6d.

This little book will be a very useful addition to the ordinary textbook account of syphilis for the student. It is thorough, and the factor of personal experience predominates. We will say nothing more about the microbe-toxin theory than that it is ingenious, especially in its explanation of Colles' law.

The author's imagination reaches its height on p. 122, in explaining the causation of the congenital phenomena of syphilis; this is more than ingenious, it is picturesque.

However, no more is claimed for the theory than that it serves as a working hypothesis.

The chapters on treatment and syphilis and marriage are good.

THE CARE AND FEEDING OF CHILDREN. By L. EMMETT HOLT, M.D. 3rd Edition. (Published by Sidney Appleton, London.) Price 2s. net.

This little book is carefully and scientifically written in the form of a catechism for the use of mother's and children's nurses; but it contains much more detail than can be appreciated by the average mother or nursery maid.

Medical students will gain useful information, especially from the section devoted to food formulas.

We are glad to learn that from fifteen to thirty minutes crying a day is the *quantum sufficit* for a normal baby, but how few babies are normal.

The dissertation upon an infant's "exercise" is amusing.

ERRORS OF REFRACTION AND THEIR CORRECTION. By HAROLD B. GRIMSDALE, M.B., F.R.C.S. (The Medical Times.) 2s. 6d.

As the author affixes no preface to this work we are at a loss to know for whom it is written. The students will find all points concerning refraction sufficiently dealt with in any of the smaller textbooks on the subject, and we should not advise either the student or the general practitioner to buy a monograph on such a subject as refraction. The index is most incomplete, and the diagnosis insufficient.

"Homotropised" is a word we do not find in our *Medical Dictionary*, and we dislike the prefix Miss or Master attached to patients "aged 5."

## Calendar for May.

1. S.—Fourth Sunday after Easter.
2. M.—Special Lecture, Orthopaedics—Mr. McAdam Eccles.
3. T.—Dr. Gee and Mr. Langton on duty.
4. W.—Cricket Trial Game, Winchmore Hill.  
Clinical Lecture—Mr. Cripps.
5. TH.—Consultations.
6. F.—Clinical Lecture—Sir Dyce Duckworth.  
Sir Dyce Duckworth and Mr. Cripps on duty.
7. S.—St. B. H. C.C. v. Wanderers, at Winchmore Hill.
8. S.—Fifth Sunday after Easter.
9. M.—Special Lecture, Medical Electricity—Dr. Lewis Jones.
10. T.—Dr. Norman Moore and Mr. Bruce Clarke on duty.
11. W.—View Day.
12. TH.—Consultations.
13. F.—Dr. West and Mr. Bowlby on duty.  
Clinical Lecture—Dr. Norman Moore.
14. S.—St. B. H. C.C. v. Virginia Water—away.  
Swimming Club v. Cambridge S.C.
15. S.—Sixth Sunday after Easter.
16. M.—Examination for Lawrence Scholarship begins.  
Special Lecture, Skins—Dr. Ormerod.
17. T.—Dr. Ormerod and Mr. Lockwood on duty.
18. W.—St. B. H. C.C. 2nd XI v. Virginia Water 2nd XI.  
Swimming Club v. Artist's R.S.C.—Fitzroy Baths.  
Clinical Lecture—Mr. Bowlby.
19. TH.—Ascension Day.
20. F.—Dr. Gee and Mr. Langton on duty.  
Clinical Lecture—Dr. Samuel West.
21. S.—St. B. H. C.C. v. Henley, at Henley.
22. S.—Whit Sunday.

23. M.—Whit Monday.  
St. B. H. and London Hospital v. Southgate, at Southgate.
24. T.—Sir Dyce Duckworth and Mr. Cripps on duty.
25. W.—St. B. H. C.C. 2nd XI v. St. Thomas's 2nd XI.  
Clinical Lecture—Mr. Bowlby.
26. TH.—Consultations.
27. F.—Dr. Norman Moore and Mr. Bruce Clarke on duty.  
Clinical Lecture—Dr. Ormerod.  
Examination for Matthews Duncan Medal.  
Swimming Club v. Ealing S.C., at Ealing.
28. S.—St. B. H. C.C. v. Southgate, at Southgate.
29. S.—Trinity Sunday.
30. M.—Special Lecture, Ears—Mr. Cumberbatch.
31. T.—Dr. West and Mr. Bowlby on duty.

### Notes on New Preparations.

HOVIS FOOD FOR INFANTS AND INVALIDS (Hovis-Bread Flour Co., Ltd., Macclesfield). This company are now making a very suitable food, intended both for infants and invalids. There are two preparations—No. 1 intended for the feeding of infants under eight months of age, and No. 2 for older infants and invalids. No. 1 food is quite free from any starchy material, its place being taken by malt, sugar, and dextrin; when mixed with cows milk it forms a very nutritious mixture. No. 2 food, on the other hand, contains a certain amount of wheaten flour, and is intended for use in older infants. Both varieties are easily prepared, and are very agreeable to the palate.

PATENT COOKED OATMEAL (George King and Co.). We have had opportunities of trying this brand of food. It is a very palatable and nutritious article, and worthy of a trial by any of our readers who would be desirous of testing a ready-cooked food which they would like to recommend to their patients.

### Examinations.

D.P.H., Cambridge.—Henry L. P. Hulbert, M.A., M.B., B.C. Cantab.

M.D. Cambridge.—W. M. Willoughby, M.A., M.B., B.C., D.P.H. Cantab.

### Appointments.

ANDERSON, C. A., appointed House Surgeon to Royal Portsmouth Hospital.

AUBREY, G. E., M.B.(Lond.), M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Evelina Hospital for Children.

CLEVELAND, J. W., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Royal Berkshire Hospital.

FAIRLIE CLARKE, A. J., B.A.(Cant.), M.B., B.C., F.R.C.S., appointed Resident Surgical Officer to the General Hospital, Birmingham.

FREEMAN, W. T., M.D.Durham, F.R.C.S., L.R.C.P.Lond., appointed Senior Assistant Physician to Royal Berkshire Hospital.

HUDSON, B., M.R.C.S., L.R.C.P., appointed House Surgeon to the Guest Hospital, Dudley.

KINGSTON, C. S., M.R.C.S., L.R.C.P., appointed House Physician to the Bedford County Hospital.

LOYD-JONES, P. A., appointed House Surgeon to the Bedford County Hospital.

LOVEDAY, G. E., M.A.(Cant.), M.B., B.C., appointed House Physician to the Salop Infirmary.

PANTON, JOHN EDWARD, M.D., appointed Justice of Peace for the Borough of Bolton.

### New Addresses.

BAISS, Surgeon, R.N., H.M.S. "Hearty," Lowestoft.

BEATH, D. L., Barnard House, Pulteney Road, Bath.

BELBEN, F., Redlands, Knyveton Road, Bournemouth.

CAMMIDGE, P. J., 2, Beaumont Street, Portland Place, W.

FEKAN, R. A., 28, Charlton Road, Blackheath, S.E. (Telephone: 642 Deptford.)

HAYNES, G. S., 1, Addenbrooke's Place, Cambridge.

HOGAN, C. E., 1, Devonshire Road, Clapham, S.W.

ILLIUS, Lieut. H. W., I.M.S., care of Thos. Cook and Son, 13, Esplanade Road, Bombay, India.

ORMEROD, E. W., Beauchamp Lodge, Wimborne.

MANNSELL, A. R., 278, Portland Road, South Norwood, S.E.

MARCH, J. O., Amesbury, Wilts.

MORLAND, Dr. E. C., Clinical Laboratory, Hotel Victoria, Davos Platz, Switzerland.

SIMMONDS, E. G., 137, London Road, St. Leonard's-on-Sea.

WESTON, H. J., 52, Marine, St. Leonard's-on-Sea.

WHITWELL, HUGH, 53, St. Giles' Plain, Norwich.

WOOD, W. V., Chalfont St. Giles, Bucks.

### Births.

FOX.—At Beccles, Suffolk, the wife of G. R. Fox, F.R.G.S., of a son.

STORRS.—On March 8th, at Hall Gate, Tunbridge Wells, the wife of William Townsend Storrs, M.R.C.S., L.R.C.P., of a daughter.

### Death.

BROWN.—On March 30th, at the Cotswold Sanatorium, Robert Major Brown, M.A., M.B.(Cant.), J.P., aged 44 years.

### Acknowledgments.

*Guy's Gazette, St. Mary's Gazette, St. George's Gazette, Middlesex Hospital Journal, Climate, The Practitioner, The Hospital, The Journal of Nursing, The Broadway, Brooklyn Medical Journal.*

### Books for Review.

1. *Ophthalmological Anatomy.* Fisher.
2. *Medical Laboratory Methods.* French.
3. *Materia Medica and Therapeutics.* Phillips.
4. *The Meaning of a Modern Hospital.* Bruce Clarke.
5. *On the Composition of Scientific Papers.* Clifford Allbutt.